

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC 8308 598

SL 2814

63-049569

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12413

STATE FILE NUMBER

FILED DEC 27 1963

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
42 years2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN ELXIAVILLE

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VET. ADM. HOSPITALInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
2188 Green SlopeReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
CLARENCEMiddle
S.Last
JAMES

4. DATE OF DEATH

Month Day Year
December 15 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/25/20

9. AGE (last birthday)

42

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Real Estate Salesman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Clarence James

13b. MOTHER'S MAIDEN NAME

Beula Dougherty

14. NAME OF HUSBAND OR WIFE

Mary R. James

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW-2

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mary R. James (Wife), Same add. as 2.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Arrest

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
starting the under-
lying cause last.

DUE TO (b) Pulmonary Emboli and Mural Thrombi

DUE TO (c) Thrombophlebitis, lower Extremities

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/9/63 to 12/15/63 and last saw him alive on 12/15/63
Death occurred at 12:46 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE (Degree or title)
M. D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

12/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal 12-17-63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

24. FUNERAL DIRECTOR

ADDRESS

White-Mullen Mortuary Ferguson, Mo.

25. DATE RECEIVED BY LOCAL REG.

DEC 16 1963

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold F. Schriener

Licensed Embalmer No. 3395
P. O. Address St Louis 35 MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.